

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

P. O. Box 352, Midland, Texas, April 18, 1960

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

TEXACO Inc.

C. E. Penny NCT-4

Well No. **5-UT**, in **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$,

(Company or Operator)

D (Lease) **25-S**, R **38-E**, NMPM, **Justis McKee (Dual)** Pool

Unit Letter

Lea

County **Lea** Date Spudded **Feb. 19, 1960** Date Drilling Completed **April 7, 1960**

Elevation **3085'** Total Depth **7990'** FBD **Open Hole**

Please indicate location:

D X	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay **7185'** Name of Prod. Form. **McKee**

PRODUCING INTERVAL -

Perforations **7185'-7194', 7204'-7208', 7221'-7234', 7239'-7248', 7252'-7264'**

Open Hole _____ Depth **7948** Depth **7183** **7264'**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **113** bbls. oil, **1** bbls. water in **8** hrs, **0** min. Size **22/64"**

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8"	828'	1140
9-5/8"	3420'	1400
7"	4626'	400
2-3/8"	7178'	

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **See Remarks**

Casing Press. **Packer** Tubing Press. **459** Date first new oil run to tanks **April 14, 1960**

Oil Transporter **Texas New Mexico**

Gas Transporter **Shut in until connection is made**

Remarks: **Justis McKee Zone, perforate 7" casing (liners) with 2 jet shots per ft from 7158' to 7194', 7204' to 7208', 7221' to 7234', 7239' to 7248', 7252' to 7264'. Acidize with 500 gals regular 15% acid at 3 BPM.**

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved **April 18** 19 **60**

TEXACO Inc.

OIL CONSERVATION COMMISSION

By: *[Signature]* (Company or Operator)
(Signature)

Title **Assistant District Superintendent**

Send Communications regarding well to:

Name **J. G. Blevins, Jr.**

Address **P.O. Box 352, Midland, Texas**

By: *[Signature]*
Title _____